



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Pregabalin Immediate-Release Page: 1 of 2

Effective Date: 2/3/2023 Last Review Date:

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for pregabalin immediate-release under the patient's prescription drug benefit.

Description:

Pregabalin immediate-release is indicated for:

- Management of neuropathic pain associated with diabetic peripheral neuropathy
- Management of postherpetic neuralgia
- Adjunctive therapy for the treatment of partial onset seizures in patients 1 month of age and older
- Management of fibromyalgia
- Management of neuropathic pain associated with spinal cord injury

Compendial Uses for pregabalin immediate-release

- Cancer-Related Neuropathic Pain
- Cancer Treatment-Related Neuropathic Pain

Applicable Drug List

Formulary: Pregabalin Immediate-Release

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- Lyrica (pregabalin immediate-release) is being prescribed for one of the following: A) Management of fibromyalgia, B) Management of neuropathic pain associated with spinal cord injury, C) Adjunctive therapy for partial onset seizures (i.e., focal-onset seizures) in a patient 1 month to up to 3 years of age
OR
- Lyrica (pregabalin immediate-release) is being prescribed for one of the following: A) Adjunctive therapy for partial onset seizures (i.e., focal-onset seizures) in a patient 3 years of age or older, B) Management of postherpetic neuralgia, C) Management of neuropathic pain associated with diabetic peripheral neuropathy, D) Cancer-related neuropathic pain, E) Cancer treatment-related neuropathic pain **AND**



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- The patient experienced an inadequate treatment response, intolerance, or has a contraindication to gabapentin immediate-release

AND

- If the request is for Lyrica (pregabalin) oral solution, the patient meets one of the following: A) has difficulty swallowing oral solid dosage forms (e.g., capsules), B) requires a dose that cannot be obtained using the commercially available capsules

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

References:

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6. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed April 18, 2022.
7. American Diabetes Association. Microvascular Complications and Foot Care: Standards of Medical Care in Diabetes—2022. *Diabetes Care* 2022;45(Suppl. 1): S185-S194.
8. Pop-Busui R, Boulton A, Feldman E, et al. Diabetic Neuropathy: A Position Statement by the American Diabetes Association. *Diabetes Care* 2017; 40:136–154.
9. Price R, Smith D, Franklin D et. al. Oral and Topical Treatment of Painful Diabetic Polyneuropathy: Practice Guideline Update Summary. Report of the AAN Guideline Subcommittee. *Neurology* 2022; 98:31-43.
10. NCCN Guidelines. Version 1.2022 Adult Cancer Pain. Available at http://www.nccn.org/professionals/physician_gls/pdf/pain.pdf. Accessed April 2022.
11. Fisher RS, Cross JH, French JA, et al. Operational Classification of seizure types by the International League Against Epilepsy: Position Paper of the ILAE Commission for Classification and Terminology. *Epilepsia*. 2017 Apr;58(4):522-530.